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Familial Power Relations, Popularity of Female Sterilization and Fertility Decline in Andhra Pradesh: A Cultural Understanding

Deepti Singh and Srinivas Goli

International Institute for Population Sciences (IIPS), Giri Institute
of Development Studies (GIDS)

10. June 2013

Online at <http://mpra.ub.uni-muenchen.de/53613/>

MPRA Paper No. 53613, posted 12. February 2014 15:26 UTC

Familial Power Relations, Popularity of Female Sterilization and Fertility Decline in Andhra Pradesh: A Cultural Understanding

Abstract: *Andhra Pradesh is the first state in India, to reach the replacement level fertility in spite of having high infant and child mortality; high illiteracy and other unfavorable factors. This is an effort to assess such endeavors both theoretically and empirically. Results indicate that though current use of contraception has increased from 41 percent in 1992-93 to 68 percent in 2005-06, the contribution of female sterilization alone is 63 percent and almost 83 percent of women with two living children are sterilized. Status of sterilized women is higher than women using other methods of contraception. Women status in family increases with increasing years after sterilization. Findings suggest a positive association between sterilization at early age, lower fertility and women status. To surmount the intra-familial controls on them, the women is responding remarkably to family planning program herself by ending reproductive span to get higher status in the family ladder.*

Key words: *familial power relations, women autonomy, female sterilization and fertility decline*

Introduction

Andhra Pradesh, one of the large states in India (and the largest state in south India) with a population size of 76 million, has undergone a rapid fertility transition over the past twenty years, particularly during the 1990s. Andhra Pradesh is the first state in the India to reach replacement level fertility despite having high infant and child mortality, high illiteracy and other unfavorable factors. Low infant mortality and high female literacy rates are supposed to be important variables in influencing fertility. Andhra Pradesh lags behind in these aspects compared to the other low fertility states in India. Other low fertility states like Tamil Nadu and Kerala have more than 85 percent literate population but in Andhra Pradesh, it is only 60.5 percent. In fact, female literacy in Andhra Pradesh in 2001 has been lower than the national average (Guilmoto and Rajan 2001). However, low level of literacy in Andhra Pradesh has not been a hindrance to fertility decline. According to the sample registration system, the total fertility rate (TFR) in Andhra Pradesh was 4.6 children per woman in 1971 which dropped to 1.7 in 2007. According to National Family Health Survey-3 (NFHS), in the country as a whole, Andhra Pradesh had the second lowest fertility (1.82) in rural and lowest fertility (1.79) in total population along with Goa.

Age at marriage and contraceptive use are important proximate determinants of fertility (Bongaarts and Potter 1984). However, in Andhra Pradesh, the median age at first marriage and the median age at first sexual intercourse among women in the age group 25-49 are only 15.7 and 16 respectively. Similarly, the proportion of women married by exact age 18 in Andhra Pradesh is as high as 56 percent, which is the second highest in the country next only to Bihar (IIPS and Macro International 2007). This brings

curiosity among demographers and population scientists to know how Andhra Pradesh able to bring down fertility so rapidly.

Female sterilization is the most widely prevalent contraceptive method in India (IIPS and Macro Internationals 2007). Women's reproductive span and female sterilization are the two critical elements for understanding the fertility decline in Andhra Pradesh. The gradual compression in reproductive spans in rural Andhra Pradesh is often attributable mainly to successful family planning efforts by government and sterilization acceptance among younger women. However, some of the previous studies (Dube 1986, Elide and Sullivan 1987, Thapan 1997, Saavala 2001, Padmadas, Hutter and Willekens 2004) have suggested that reproductive decisions are socially and culturally influenced. The popularity of female sterilization in rural Andhra Pradesh can be explained if the symbolic value of a young mother's reproductive capacity is understood in terms of familial power relations. Through sterilization, young mothers can symbolically push their influential mothers-in-law toward old age, thus increasing their own relative prestige, and they can strive to control the ambiguity surrounding their reproductive functions (Saavala 2001, Padmadas, Hutter and Willekens 2004).

Fertility may be treated as a part of the larger cultural complex, consisting of beliefs, values, myths, rituals, and cultural practices. In the cultural interpretation of contraception and birth in the traditional Indian situation, a woman's body and its process are largely under the control of the man. Thus, to overthrow their husband's authority on their body, young women pressed her right to decide on the number of children they would rear. In spite of forceful demand of husband and mother-in law for more children, she goes for sterilization. A sterilization scar in Andhra Pradesh is an assertion of the symbolic status of women challenging the authority of the mother-in-law as post procreative women, who wields considerable influence in familial affairs. Such self assertion appears to have sparked off a wave of sterilization in Andhra Pradesh (Saavala 2001).

In recent years, considerable decrease in the average children born per women in Andhra Pradesh is attributed to the hypothesis that women increasingly perceive children as consumers and not as producers. Challenging the pervasive notion of women as mere providers of nourishment and incubation to the seed that contains the potential of life (Saavala 2001).

Given the fact that women need to negotiate their fertility choices strictly within family structure in given context where familial power relations and generational gender relations are subjected to significant transformations (Das Gupta and Bhatt 1997, Basu 1999, Saavala 2001). The present paper examines how intra-familial power relations influence the decision about female sterilization, which is primarily

contributed to rapid fertility decline in Andhra Pradesh. By analysing the practice of female sterilization in Andhra Pradesh, this paper examines the role of culture in demographic research.

Need for the Study

Research from more industrialized nations suggests that fertility declines and access to contraceptive technology have functioned as important levers for change in women's lives and in gender relations. Given that widespread fertility declines have occurred in many poorer countries in recent decades—often within a single generation—it is important to understand the consequences of such declines for women, men, and society under varying contextual circumstances. Currently many nations are simultaneously experiencing shifting age structures, higher aspirations, increasing female labour force participation, and rapid changes in the global economy in addition to lower the fertility levels; however, there is a dearth of research exploring how these forces of change are connected and might interact to alter gender inequities at the societal level. Further research on the impact of fertility declines and the mediating effects of contextual factors will shed light on some of the most pressing issues currently challenging low and middle income societies—many of which lie precisely at the intersection of population, gender, and development.

Data Source

The analysis is based on the information available through the National Family Health Survey 2005-06. In India, the survey covered 124,385 households out of which 7,128 sample households were in Andhra Pradesh. During the survey, information was collected from women aged 15-49 years regarding marriage and fertility, family planning use, infant and child mortality, maternal health care, child health and nutrition. In the present study, we used information on Fertility, Family and women's status for establishing the casual relation among them.

Theoretical understanding

Intermarriage of Demography and Anthropology

The aim of this paper is to produce empirical support to anthropological postulations (put forward by earlier studies). Intermarriage of demography and anthropology can be seen as “the cultural understanding of demographic phenomena and demographic examination of anthropological postulations”. Demographer would agree that the notion of "culture" cannot be ignored altogether in explanations of population phenomena. Although, the intermarriage of demography and anthropology has been on the agenda for years, the direction that the emerging field of demographic anthropology, or anthropological demography, should take at the level of empirical research remains unclear. This paper begins with a

theoretical discussion on the role of culture in demography and empirical investigation of culturally observable facts.

Contraceptive choice is most commonly analysed along the lines of the supply-demand model developed by Easterlin (Easterlin 1983, Easterlin *et al.* 1988). In the economics oriented models, the concept of culture tend to be seen as a constraint, making an individual's ability to serve her or his self- interest (Hammel 1990, Handwerker 1986). Although the social science research on contraception has left cultural logic largely in the background, some exceptions exist such as work carried out by Hardon (1995), Luker (1975), Morokvasic (1981), Nichter (1989), and Seccombe (1992). The anthropological approach has a different starting point: the contents of the value - which determine what is seen as costs - are not universal but socio-culturally constructed and are contextual, and relative. Thus, the starting point of a socio-cultural study of contraceptive practices cannot derive their costs from a universal and absolute idea of economic value, but begins, instead with the analysis of value judgments in the context. When analysing the costs of family planning from a cultural point of view, social interactions and the cultural construction of the value must be analysed. (Gregory 1997).

Anthropology oriented approach to family planning in southern India can be shown to make sense in terms of the prevalence of sterilizations in the area rather than speaking only about changes in the costs of fertility regulation. A serious attention should also be paid ways of being sterilized that allows young married women to make use of cultural conceptions related to the female and women's parenthood. Cultural motivation related to the female life cycle has been routinely neglected in research on contraceptive choice. The acceptance of female sterilization in southern India is not an outcome of the westernized emergence of the individuals. Choosing sterilization involves availing one-self of cultural resources and conceptions creatively and simultaneously reforming them (Saavala 2001).

Empirical Investigation

Socio-economic Profile of Andhra Pradesh

All important fertility theories (Davis 1963, Leibenstein 1974, Easterlin 1983) have identified socio-economic factors as important determinants of fertility. The socio-economic profile of Andhra Pradesh is presented in table 1 from which, it is evident that the state has poor socio-economic settings across the states of India. Urbanization in this state is not very high. About 65 per cent of the population lives in rural areas. About half of the state population belongs to Backward Castes followed by General Castes (27 per cent) and Scheduled Castes (17 per cent). Scheduled Tribes constitute a very less proportion of only about 6 per cent of the total population of the state. This indicates that the status of women is highly male skewed in the state. Earlier studies (Arokiasamy and Srinivas 2010) have also established that states

with low Schedule Tribes population have low status of women. The Hindu and Muslim religions which are traditionally conservative towards women's freedom (Caldwell, Reddy and Caldwell 1984) comprise nearly 95 per cent of the population of the state. Economic conditions of the state are also pitiable with more than one fourth of the population living under poor economic status.

Age at First Marriage

Marriage in India marks the point in a women's life when childbearing becomes socially acceptable. Age at marriage has a profound impact on child bearing because women who marry early have a longer period of exposure to pregnancy and a greater number of life time births (Caldwell, Reddy, and Caldwell 1984). The important outcome of this analysis is that apart from higher education category, in all other education categories, more than 70 percent of the women are married before reaching 18 years of age. However, in contrast to basic theories of fertility¹, Andhra Pradesh has the second lowest fertility in the country. As discussed above, the status of women and intra-familial power relations vary among different socio-economic groups. We can also expect socio-economic differentials among the proximate determinants of fertility too. Socio-economic categories like place of residence, education and poor economic status also influence the female age at marriage. However, impact of education is large compared to the impact of religion and caste.

Age at First Birth

The age, at which women starts child bearing is an important demographic determinant of fertility - a higher median age at first birth is an indicator of lower fertility. Table 3 shows the percentage of women which gave birth by exact age. Nearly 60 per cent of the women in the age group 15-49 years gave their first birth before reaching 18 years of age which is the legal minimum age at marriage in India. In this context, according to the basic fertility assumptions, fertility of women should be higher in Andhra Pradesh. However, that is not the case in Andhra Pradesh. The socio-economic profile of age at first birth in Andhra Pradesh indicates that except higher education there is much impact of socio-economic factors on age at first birth. Irrespective of their socio-economic background on average, more than 50 per cent are giving their first birth at less than 18.

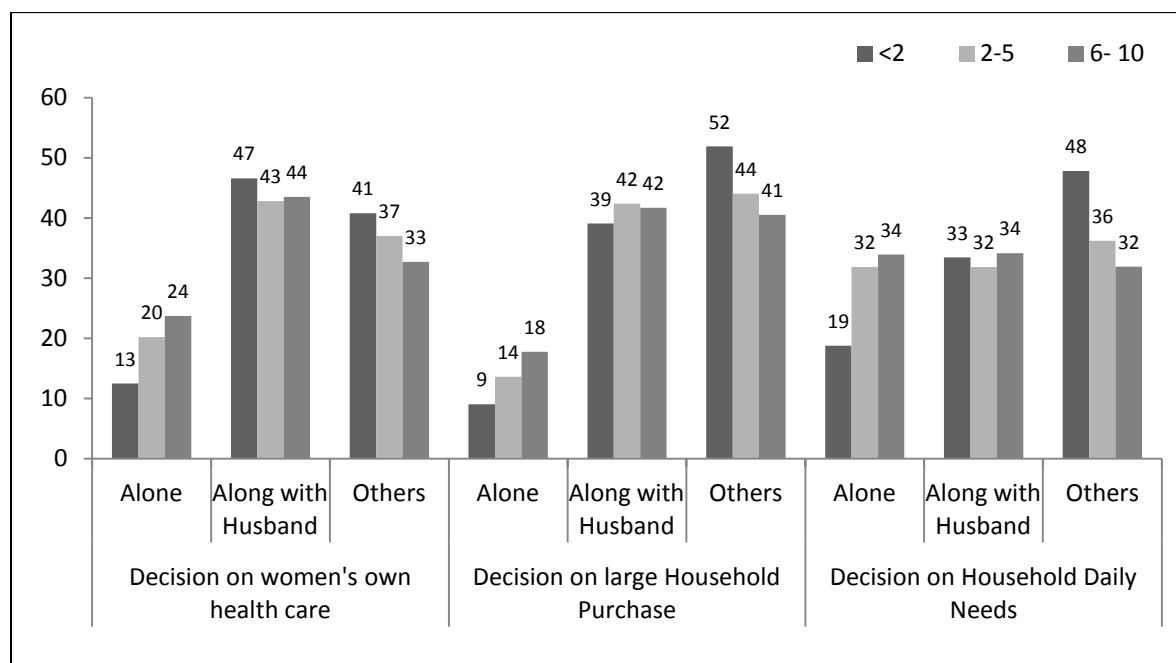
Age at Sterilization

Sterilization is a permanent method of contraception and has very low chance of failure. It is not prone to any kind of social stigma instead sterilization scare is a social privilege of women in family and society (Dube 1986, Eliade and Sullivan 1987; Saavala 2001). The age at which women go for sterilization is an important determinant for fertility control in Andhra Pradesh where 61 per cent of women are using sterilization whereas in India, this proportion is 37 per cent.

Table 4 shows the percentage of sterilized women in age groups 15-49 by their exact age. The fertility impact of contraception depends not only on its prevalence but also on the age at which it is used in the family building process. Initiation of contraception by women with small number of children can result in a greater decline in fertility. Thus, age at which women going for sterilization is important indicator of fertility reduction. In Andhra Pradesh, this is the most important factor in fertility reduction as 66 per cent of women were found sterilized before reaching 25 years of age. Women are going for sterilization at an early age so that the median age at sterilization is only 23 in this state. This is the reason why inspite of low age at marriage and low age at first birth, this state is able to control fertility.

Figure 1

Women's status indicators by years after sterilization Andhra Pradesh, 2005-06



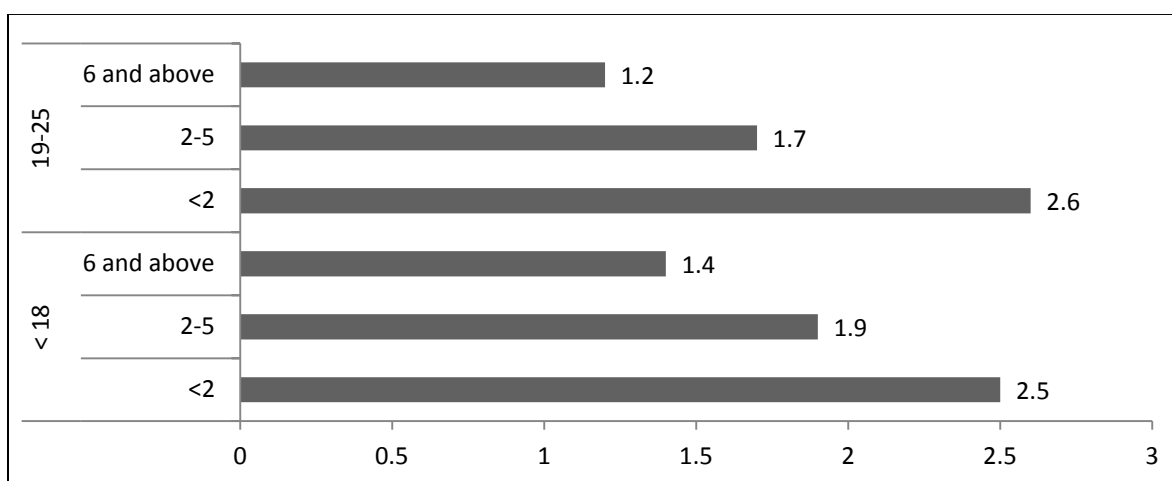
Women's Status and Contraception Use. Earlier studies (Dube 1986, Eliade and Sullivan 1987, Saavala 2001) postulated through their anthropological investigations in rural Andhra Pradesh that sterilized women are having higher status in the family than other currently married women. As mentioned above, a sterilization scar in Andhra Pradesh is an assertion of the symbolic status of mother/women challenging the authority of the mother-in-law as post procreative women who wield considerable influence in familial affairs.

In support of this, Table 6 indicates that within the specified age groups, decision on women's own health care taken by women alone or along with her husband is more among those women who are sterilized compared to women using other contraception and women not using any contraception. Noteworthy

things are that the influence of other family members (mother-in law, father-in-law and other family members) is less in case of sterilized women than other women as well as in case of their health care. Similar situation can also be observed in case of decision related to household purchases, purchasing of household daily basic needs and cooking of food for the household. The influence of other family members on women's decision making is drastically reduced among sterilized women compared to women not using any contraception and women using other contraceptive methods. This is mainly because of cultural stigma that attached to contraceptive methods other than sterilization².

Figure 2

Total fertility rate by years of sterilisation among women with same age at marriage, Andhra Pradesh, 2005-06



It is evident from table 7 that with the increase in the number of years since sterilization, the status of woman also increases. Those women who are sterilized at early age can reach quickly to higher position in the household hierarchy. Here, we can also observe that influence of the other family member's decreases with the increase in years since sterilization. It is noticeable from the table 8 that within the specified current age groups, women's status varies with varying years since sterilization. Even though women age is considered to be an important factor in the household decision making, yet women's age coupled with years since sterilization shows a greater impact on women's status within the family.

It may be seen from table 9 that the percentage of sterilization is high among all population sub groups of Andhra Pradesh as compared to India. There is a positive relationship between percentage of sterilization women and total fertility rate. As the percentage of sterilization increases, the total fertility rate decreases in most of the population sub-groups. The only exceptions are rural areas and general caste group in Andhra Pradesh. Obviously, after controlling all other background characteristics, sterilization plays an

important role in fertility decline. Table 10 shows the total fertility rate of sterilized women by years since sterilization. Total fertility rate is high in women married before reaching 18 years of age who were sterilized two years before as compared to women who were sterilized 6 years before a similar pattern may also be seen in women married during age 19-25 years.

Discussions and Conclusion

The results reveal high popularity of female sterilization as a contraception method at early age in women's reproductive life in Andhra Pradesh. This popularity is mainly attributed to cultural values related to women, familial power-relations and status of newly married women in the family. The anthropological postulates put forward by earlier studies (Saavala 2001) appear to be justified in the demographic examination of these observable facts. Women's status indicators like decision on women's own health care, decision on purchasing of large household assets, purchasing household daily needs and decision on cooking food are considered as the proxies of familial power-relations. It is also observed that all these indicators have positive relationship with female sterilization. The women, who accepted the sterilization at early age of their reproductive life; generally gets higher family responsibilities, higher involvement in household activities and status in the family hierarchy.

It is also observed that female sterilization is the foremost contributor of fertility decline in the state. Despite low female literacy, Andhra Pradesh has been able to achieve remarkable fertility transition in the last two decades. The probable reason could be women realized that considered feeding and rearing of children is a hindrance to their economic status in the family and the society. Women of Andhra Pradesh appear to have started challenging pervasive notion of women as mere providers of nourishment and started accepting female sterilization to end their reproductive life as early as possible to get rid of familial restriction imposed on her.

From last two decades, rigorous family planning programme implementation in Andhra Pradesh has been successful because of the high response from young women who wanted to move up in the ladder of family status and move out from authoritativeness of their mother-in law as well as the authority of their husband. This indicates that the motivation for moving up in the intra-familial power-relations has resulted in the popularity of female sterilization and associated decline in fertility of Andhra Pradesh. Moreover, from a policy and programmatic perspective, this work may provide insights into how to maximize positive consequences of contraception use and fertility decline for the countries, which are still in the early stages of socio-economic and fertility transition.

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Table 1: Socio-Economic Profile of Andhra Pradesh, India; 2005-06

Background Characteristics	(In %)
Place Of Residence	
Urban	34.61
Rural	65.39
Caste	
Scheduled Caste	17.90
Scheduled Tribe	5.97
Other Backward Class	49.39
None Of Above	26.73
Religion	
Hindu	83.46
Muslim	10.32
Others	6.22
Highest Educational Level	
No Education	45.36
Primary	16.23
Secondary	32.88
Higher	5.52
Wealth	
Poor	26.05
Middle	29.18
Rich	44.77

Table 2: Socio-economic profile of age at first marriage of women in age group 15 -49, Andhra Pradesh, India; 2005-06

Background Characteristics	Age at first Marriage			
	<18	19-29	30 & Above	N
Place Of Residence				
Urban	73.36	26.00	0.62	1915
Rural	84.39	15.38	0.22	4044
Caste				
Scheduled Caste	82.59	17.12	0.28	1057
Scheduled Tribe	81.16	18.83	0	377
Other Backward Class	83.57	16.25	0.16	2983
None Of Above	74.3	24.83	0.84	1538
Religion				
Hindu	81.04	18.61	0.33	5038
Muslim	80	19.6	0.4	570
Others	79.48	19.94	0.56	351
Highest Educational Level				
No Education	87.93	11.77	0.28	3134
Primary	86.30	13.60	0.09	1044
Secondary	71.21	28.46	0.32	1560
Higher	22.52	74.77	2.70	222
Wealth				
Poor	85.94	13.99	0.06	1643
Middle	85.65	13.94	0.39	1778
Rich	74.19	25.29	0.51	2538
Total	80.85	18.79	0.35	5959

Table 3. Socio-economic profile of age at first birth of women in age group 15 -49, Andhra Pradesh; 2005-06

Background Characteristics			Age at first birth (in %)		
Place Of Residence	<18	19-24	25-29	30 & Above	N
Urban	51.22	40.73	6.59	1.46	1716
Rural	60.22	36.13	3.23	0.42	3587
Caste					
Scheduled Caste	62.27	31.89	5.08	0.76	925
Scheduled Tribe	58.63	38.69	2.68	0	336
Other Backward Class	59.02	36.84	3.65	0.48	2682
None Of Above	50.22	42.85	5.46	1.47	1356
Religion					
Hindu	57.44	37.68	4.26	0.62	4485
Muslim	54.67	39.96	4.37	0.99	503
Others	59.55	33.12	5.1	2.23	314
Highest Educational Level					
No Education	63.84	31.83	3.84	0.49	2868
Primary	63.71	35.1	0.97	0.22	926
Secondary	46.01	48.82	4.33	0.84	1315
Higher	6.77	58.85	27.6	6.77	192
Wealth					
Poor	61.64	34.18	3.63	0.55	1460
Middle	62.55	34.11	3.15	0.19	1586
Rich	50.84	42.32	5.59	1.24	2254
Total	57.32	37.62	4.32	0.74	5300

Table 4. Socio-economic profile of age at sterilization of women in age group 15 -49, Andhra Pradesh; 2005-06

Background Characteristics			Age at Sterilization			
	<25	25-29	30-34	35-39	40-44	N
Place Of Residence						
Urban	64.60	26.43	7.59	1.22	0.16	1226
Rural	67.41	22.53	7.46	2.45	0.15	2654
Caste						
Scheduled Caste	63.62	23.35	10.48	2.25	0.30	668
Scheduled Tribe	59.40	24.36	9.83	6.41	0.00	234
Other Backward Class	66.90	24.21	6.78	1.96	0.15	1991
None Of Above	69.58	22.89	6.21	1.12	0.20	983
Religion						
Hindu	66.89	23.46	7.17	2.30	0.18	3304
Muslim	62.24	30.09	6.78	0.88	0.00	339
Others	67.66	19.57	12.77	0.00	0.00	235
Educational Level						
No Education	61.44	26.08	9.19	3.02	0.28	2155
Primary	77.49	18.23	3.85	0.43	0.00	702
Secondary	73.62	20.85	4.67	0.87	0.00	921
Higher	34.00	40.00	22.00	4.00	0.00	100
Wealth						
Poor	64.70	21.95	9.86	3.29	0.19	1034
Middle	64.90	25.02	7.34	2.48	0.27	1131
Rich	68.75	24.01	6.13	1.05	0.06	1712
Total	66.55	23.76	7.48	2.06	0.15	3877

Table 5. Age at sterilization by age at marriage, Andhra Pradesh; 2005-06

Age at marriage	Age at sterilization					N
	<25	25-29	30-34	35-39	40-44	
<18	72.86	20.22	5.48	1.38	0.07	3047
19-29	36.18	43.04	16.51	4.27	0.00	539
30 & Above	0.00	0.00	55.56	44.44	0.00	9
Total	67.18	23.59	7.26	1.92	0.06	3595

Table 6. Selected women' status indicators by years after sterilization, Andhra Pradesh; 2005-06

Years after sterilized	Decision on women's own health care			Decision large household purchases			Decision on household daily needs		
	Along with husband			Along with husband			Along with husband		
	Alone	Others		Alone	Others		Alone	Others	
<2	12.5	46.6	40.8	9.04	39.07	51.90	18.77	33.43	47.80
2-5	20.2	42.8	37.0	13.60	42.38	44.02	31.88	31.88	36.24
6-10	23.7	43.5	32.7	17.76	41.69	40.55	33.95	34.13	31.91

Note: women in age group 35 & above is not taken because at that age women in Andhra Pradesh enters into the position of mother-in-law in family and guides younger women

Table 7. Selected women' status indicators by type of contraception use in specified age groups, Andhra Pradesh; 2005-06

Type of contraception use in specified age group	Decision on women's own health care			Decision on large household purchases			N
	Alone	With Husband	Others	Alone	With Husband	Others	
15-24							Total
Not Using	11.39	37.20	51.41	4.66	32.21	63.12	922
Female Sterilization	12.12	44.99	42.89	6.76	35.90	57.34	429
Others	10.81	45.95	43.24	8.33	27.78	63.89	37
Total	11.60	39.84	48.56	5.41	33.24	61.36	1388
25-34							
Not Using	18.16	42.15	39.69	10.31	36.32	53.36	446
Female Sterilization	19.42	44.24	36.34	14.29	43.45	42.26	1519
Others	15.38	46.15	38.46	10.26	46.15	43.59	39
Total	19.06	43.81	37.13	13.32	41.92	44.76	2004
Type of contraception use in specified age group	Daily Household Needs			Cooking Food			N
	Alone	Along with husband	Others	Alone	Along with husband	Others	
15-24							
Not Using	16.20	26.74	57.07	2.72	46.20	51.09	922
Female Sterilization	20.51	29.60	49.88	4.42	52.56	43.02	429
Others	20.00	14.29	65.71	8.33	47.22	44.44	37
Total	17.63	27.31	55.06	3.39	48.20	48.41	1388
25-34							
Not Using	28.70	26.68	44.62	10.54	48.65	40.81	446
Female Sterilization	31.55	34.39	34.06	9.77	60.46	29.77	1519
Others	21.05	42.11	36.84	2.56	51.28	46.15	39
Total	30.72	32.82	36.47	9.80	57.65	32.55	2004

Table 8. Selected women' status indicators by years after sterilization in specified age groups, Andhra Pradesh; 2005-06

Current age	years after sterilization	Decision on women's own health care		Decision large household purchases		Decision on household daily needs		Decision daily cooking food	
		Alone or along with husband	others	Alone or along with husband	others	Alone or along with husband	others	Alone or along with husband	others
15-24	<2	59.2	40.8	44.6	55.4	48.4	51.6	52.7	47.3
	2-5	60.0	40.0	46.6	43.4	51.4	48.6	60.0	40.0
	6-10	-	-	-	-	-	-	-	-
25-34	<2	60.3	39.7	52.7	47.3	57.6	42.4	67.8	32.2
	2-5	64.1	35.9	58.4	41.6	67.0	33.0	69.9	30.1
	6-10	63.8	36.2	57.5	42.5	67.1	34.9	72.6	27.4
35 & above	<2	46.2	53.8	46.2	53.8	46.2	53.8	46.2	53.8
	2-5	65.7	34.3	59.4	40.6	62.5	37.5	72.2	27.8
	6-10	68.1	31.9	59.8	40.2	68.5	31.5	74.4	25.6

Table 9. Percentage of Female Sterilization and Total Fertility Rate by selected background characteristics in Andhra Pradesh and India, 2005-06

Background Characteristics	Andhra Pradesh		India	
	Sterilization	TFR	Sterilization	TFR
place of residence				
Urban	61.5	1.7	28.2	2.1
Rural	63.6	1.8	30.2	3.0
Religion				
Hindu	63.2	1.8	39.9	2.7
Muslim	59.0	1.9	21.3	3.1
Others	64.8	1.5	36.3	2.2
Caste				
SC	61.7	1.8	38.3	3.9
ST	58.4	**	35.3	3.1
OBC	64.7	1.8	39.7	2.8
Others	61.5	1.6	34.1	2.4
Wealth Index				
Poor	60.0	2.2	33.2	3.5
Middle	62.2	1.8	41.0	2.6
Rich	64.0	1.5	38.9	2.0
Total	62.06	1.79	37.7	2.7

Table 10. Total fertility rate by years of sterilization among women with same age marriage in Andhra Pradesh; 2005-06

Age at marriage	Years after sterilization	TFR
<18	<2	2.5
	2-5	1.9
	Above 6	1.4
19-25	<2	2.6
	2-5	1.7
	Above 6	1.2